Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NI IMPED:		(X3) DATE SURVEY COMPLETED				
AND FLAN OF CONNECTION		BENTH TOX THOM TOWN BETT.	A. BUILDING: 01						
		FCL034095	B. WING		02/0	4/2016			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
THE MEADOWBROOK HOUSE 4438 DRIFTWOOD DRIVE CLEMMONS, NC 27012									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			
C 000	Initial Comments		C 000						
	Report by Suzanna Fay								
	DHSR Construction Section conducted a Biennial Survey on February 4, 2016 from 2:08 PM to 3:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 6, 2012 as a Family Care Home for up to six non-ambulatory Residents (unable to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. Note: There have been no residents at the facility since March of 2014. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:								
C 169	Fire Safety-Smoke	Detectors	C 169						
	DISASTER PLAN (b) The building sl detectors as require Building Code and connected to a ded located in the attic a detectors shall be in provided with batter Note: Smoke detections and the state of th	anall be provided with smoke and by the North Carolina State U.L. listed heat detectors icated sounding device and basement. These interconnected and be							

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED				
		FCL034095	B. WING		02/	04/2016				
NAME OF PROVIDER OR SUPPLIER THE MEADOWBROOK HOUSE STREET ADDRESS, CITY, STATE, ZIP CODE 4438 DRIFTWOOD DRIVE CLEMMONS, NC 27012										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE					
C 169	interconnected with not require it. This Rule is not med 1. Observations resmoke detector in toutside of Bedroom outside of these two the adjacent corridor alarm) by a cased of approximately 16" of technician install at these two sleeping documentation of the receipts or work or 2. At the time of the Residents living at canceled the monits system, but the system is fully sprink must be reactivated brought into the factories.	et as evidenced by: vealed that there was not a he corridor immediately as #5 and #6. The corridor bedrooms is separated from or (and the nearest smoke opening with a header that is deep. Have a qualified head in the corridor outside of rooms. Provide he correction in the form of	C 169							

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